## Case 18-41479 Doc 1 Filed 08/09/18 Entered 08/09/18 06:49:09 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF MASSACHUSETTS                       |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Augusto First name  C Middle name  DeOliveira  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years  |   |   |
|     | Include your married or maiden names.  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-1291   |   |

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Debtor 1 Augusto C DeOliveira

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 8 Gifford Drive   | If Debtor 2 lives at a different address:  |
|    |  | Worcester, MA 01604 Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Worcester County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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|----------|----------------------|----------|------------------------|--|
| Debtor 1 | Augusto C DeOliveira |          | Case number (if known) |  |

| Bankruptcy Code you are choosing to file under  B. How you will pay the fee  B. Have you filed for bankruptcy within the last 8 years?   | Check one. (For a brief d | acrintian of each and Nation Decripted by   |  |
|--|---------------------------|---|--|
| B. How you will pay the fee  D. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an |                           | he top of page 1 and check the appropria  | y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy<br>ate box.   |
| B. How you will pay the fee  9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | Chapter 7                 |   |  |
| 8. How you will pay the fee  9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Chapter 11              |   |  |
| B. How you will pay the fee  9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Chapter 12              |   |  |
| 9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an                              | ☐ Chapter 13              |   |  |
| 9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an                              |                           |   |  |
| 9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an                              | about how you ma          | pay. Typically, if you are paying the fee yey is submitting your payment on your be | eck with the clerk's office in your local court for more details<br>yourself, you may pay with cash, cashier's check, or money<br>half, your attorney may pay with a credit card or check with |
| 9. Have you filed for bankruptcy within the last 8 years?  |                           | ee in installments. If you choose this optotallments (Official Form 103A).          | tion, sign and attach the Application for Individuals to Pay   |
| bankruptcy within the last 8 years?  |                           |   | on only if you are filing for Chapter 7. By law, a judge may,  |
| bankruptcy within the last 8 years?  |                           |   | rour income is less than 150% of the official poverty line the in installments). If you choose this option, you must fill out  |
| bankruptcy within the last 8 years?  |                           |   | ficial Form 103B) and file it with your petition.  |
| bankruptcy within the last 8 years?  |                           |   |  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an   | No.                       |   |  |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an  | ☐ Yes.                    |   |  |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an  | District                  | When  | Case number  |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an  | District                  | When  | Case number  |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an  | District                  | When  | Case number  |
| filed by a spouse who is not filing this case with you, or by a business partner, or by an   | No                        |   |  |
| you, or by a business partner, or by an  | ☐ Yes.                    |   |  |
|  |                           |   |  |
|  | Debtor                    |   | Relationship to you  |
|  | District                  | When  | Case number, if known  |
|  | Debtor                    |   | Relationship to you  |
|  | District                  | When  | Case number, if known  |
| 11. Do you rent your     □   | ☐ No. Go to line 12       |   |  |
| residence?   |                           | llord obtained an eviction judgment agair   | nst you?   |
| _  | <b>–</b> 165.             | o to line 12.   |  |
|  | -                         |   | a Judgment Against Vou (Form 404A) and file it will the  |
|  |                           | -III out <i>Initial Statement About an Evictior</i><br>uptcy petition.              | n Judgment Against You (Form 101A) and file it with this   |

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| Deb | otor 1 Augusto C DeOliv   | eira          |                            | Document Page 4 of 51  Case number (if known)  |
|-----|---|---------------|----------------------------|--|
|     |   |               |                            |  |
| Par | t 3: Report About Any Bu  | isinesses `   | You Own                    | as a Sole Proprietor   |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.         | Go to                      | Part 4.  |
|     |   | ☐ Yes.        | Name                       | and location of business   |
|     | A sole proprietorship is a  |               |                            |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |               |                            | of business, if any  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |               | Numb                       | er, Street, City, State & ZIP Code   |
|     | it to this petition.  |               | Checi                      | k the appropriate box to describe your business:   |
|     |   |               |                            | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |
|     |   |               |                            | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |               |                            | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |
|     |   |               |                            | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |
|     |   |               |                            | None of the above  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadlines     | s. If you in<br>s, cash-fl | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B). |
|     | For a definition of small   | ■ No.         | I am r                     | not filing under Chapter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.         | I am f<br>Code.            | iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.        | I am f                     | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Par | t 4: Report if You Own or   | Have Any      | Hazardo                    | ous Property or Any Property That Needs Immediate Attention  |
| 14. | Do you own or have any  | ■ No.         |                            |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.        |                            |  |
|     | of imminent and identifiable hazard to public health or safety?   | <b>—</b> 100. | What is                    | the hazard?  |
|     | Or do you own any property that needs immediate attention?  |               |                            | diate attention is why is it needed?   |
|     | For example, do you own perishable goods, or livestock that must be fed,  |               | Where is                   | s the property?  |

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

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Debtor 1 Augusto C DeOliveira

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | Augusto C Deoliv  | eira                             |   | Case number   | el (if known)   |  |
|-----|---|----------------------------------|---|---|---|--|
| Par | 6: Answer These Questi  | ions for Re                      | porting Purposes  |   |   |  |
| 16. | What kind of debts do you have?   | 16a.                             | individual primarily for a per-   | onsumer debts? Consumer debts are def sonal, family, or household purpose."   | ined in 11 U.S.C. § 101(8) as "incurred by an   |  |
|     |   |                                  | ☐ No. Go to line 16b.   |   |   |  |
|     |   |                                  | Yes. Go to line 17.   |   |   |  |
|     |   | 16b.                             |   | nusiness debts? Business debts are debts estment or through the operation of the bus                                      |   |  |
|     |   |                                  | ☐ No. Go to line 16c.   |   |   |  |
|     |   |                                  | ☐ Yes. Go to line 17.   |   |   |  |
|     |   | 16c.                             | State the type of debts you o   | owe that are not consumer debts or busines  | ss debts  |  |
| 17. | Are you filing under<br>Chapter 7?  | □ No.                            | I am not filing under Chapte  | r 7. Go to line 18.   |   |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and                    | ■ Yes.                           |   | Do you estimate that after any exempt proposaliable to distribute to unsecured creditors                                  | perty is excluded and administrative expenses ?   |  |
|     | administrative expenses   |                                  | ■ No  |   |   |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                                  | ☐ Yes   |   |   |  |
| 18. | How many Creditors do you estimate that you owe?  | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 |   | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |
| 19. | How much do you estimate your assets to be worth?                                       | □ \$100,0                        | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
| 20. | How much do you estimate your liabilities to be?  | <b>\$100,0</b>                   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
| Par | :7: Sign Below  |                                  |   |   |   |  |
| For | you   | I have exa                       | amined this petition, and I de  | clare under penalty of perjury that the infor   | mation provided is true and correct.  |  |
|     |   |                                  |   | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I cl                               |   |  |
|     |   |                                  | attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |   |  |
|     |   | I request                        | uest relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |   |  |
|     |   | bankrupto<br>and 3571            | cy case can result in fines up  | t, concealing property, or obtaining money of<br>to \$250,000, or imprisonment for up to 20                               | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,                                   |  |
|     |   | Augusto                          | usto C DeOliveira D C DeOliveira of Debtor 1  | Signature of Debto  | or 2  |  |
|     |   | Executed                         |   | Executed on   | A / DD / VOOV   |  |
|     |   |                                  | MM / DD / YYYY  | MN  | /I / DD / YYYY  |  |

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Debtor 1 Augusto C DeOliveira Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ J. Morgan Hargrove                       | Date          | August 9, 2018              |
|--|---------------|-----------------------------|
| Signature of Attorney for Debtor             |               | MM / DD / YYYY              |
| J. Morgan Hargrove Printed name              |               |                             |
| J. Morgan Hargrove Attorney at Law Firm name |               |                             |
| 19 Colburn<br>Waltham, MA 02453              |               |                             |
| Number, Street, City, State & ZIP Code       |               |                             |
| Contact phone 617 513 0912                   | Email address | morgan@attorneyhargrove.com |
| 663706 MA                                    |               |                             |
| Bar number & State                           | ·             |                             |

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| Fill in this information to identify your case: |    |                               | <u> </u>                          |
|---|----|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         | *  |                               |                                   |
| DISTRICT OF MASSACHUSETTS                       |    |                               |                                   |
| Case number (if.known)                          |    | Chapter you are filing under: |                                   |
|   |    | Chapter 7                     |                                   |
|   |    | ☐ Chapter 11                  |                                   |
|   | ·. | ☐ Chapter 12                  |                                   |
|   |    | ☐ Chapter 13                  | ☐ Check if this an amended filing |
|   |    |                               | _                                 |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 7: Sign Below |  |   |  |  |  |
|--------------------|--|---|--|--|--|
| For you            | I have examined this petition, and I declare under   | penalty of perjury that the information provided is true and correct.   |  |  |  |
|                    | If I have chosen to file under Chapter 7, I am awar<br>United States Code. I understand the relief availat   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |  |  |
|                    | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |  |  |
|                    | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  |  |  |
|                    | I understand making a false statement, concealing bankruptcy case can result in fines up to \$250,000 and 3571.  | g property, or obtaining money or property by fraud in connection with a D, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519   |  |  |  |
|                    | Augusto of Debior 1  | Signature of Debtor 2   |  |  |  |
|                    | Executed on MM / DD / YYYY   | Executed on MM / DD / YYYY  |  |  |  |

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| Fill in this infor     | mation to identify your  | case:              |           |                                   |
|------------------------|--------------------------|--------------------|-----------|-----------------------------------|
| Debtor 1               | Augusto C DeOli          | veira              |           |                                   |
|                        | First Name               | Middle Name        | Last Name |                                   |
| Debtor 2               |                          |                    |           |                                   |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name |                                   |
| United States Ba       | ankruptcy Court for the: | DISTRICT OF MASSAC | CHUSETTS  |                                   |
| Case number (if known) |                          |                    |           | ☐ Check if this is amended filing |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa         | t 1: Summarize Your Assets   |             |                           |
|------------|--|-------------|---------------------------|
|            |  |             | assets<br>of what you own |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                      |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 18,636.00                 |
|            | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 18,636.0                  |
| Pai        | t 2: Summarize Your Liabilities  |             |                           |
|            |  |             | iabilities<br>nt you owe  |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 31,118.00                 |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.0                       |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 115,903.0                 |
|            | Your total liabilities   | \$          | 147,021.00                |
| Pai        | t 3: Summarize Your Income and Expenses  |             |                           |
| ١.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 1,403.6                   |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,871.3                   |
| Pai        | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| ò.         | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                 |
| <b>7</b> . | ■ Yes What kind of debt do you have?   |             |                           |
|            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   |             | l familie an              |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Augusto C DeOliveira

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | aim       |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 12,453.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 12,453.00 |

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|  |   | Document  | . Page II 0131  |   |   |
|--|---|---|---|---|---|
| Fill in this inform  | mation to identify your                               | case and this filing:                                       |   |   |   |
| Debtor 1   | Augusto C DeOli                                       | veira   |   |   |   |
|  | First Name  | Middle Name   | Last Name   |   |   |
| Debtor 2   |   |   |   |   |   |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Name   |   |   |
| United States Ba   | nkruptcy Court for the:                               | DISTRICT OF MASSACHU  | SETTS   |   |   |
|  |   |   |   |   | _   |
| Case number _  |   |   |   |   | ☐ Check if this is an amended filing                                      |
|  |   |   |   |   | amended ming  |
|  |   |   |   |   |   |
| Official Fo  | rm 106A/B   |   |   |   |   |
| Schodul  | e A/B: Prop   | ortv  |   |   | 40/45   |
|  |   |   |   | Para Para Para Para Para Para Para Para | 12/15   |
| think it fits best. B  | e as complete and accura<br>e space is needed, attach | te as possible. If two married p                            | e. If an asset fits in more than or<br>beople are filing together, both ar<br>On the top of any additional page | e equally responsible for s             | upplying correct  |
| Part 1: Describe   | Each Residence, Building                              | g, Land, or Other Real Estate Yo                            | ou Own or Have an Interest In   |   |   |
| 1. Do you own or h   | nave any legal or equitable                           | e interest in any residence, bui                            | Iding, land, or similar property?   |   |   |
| _  | , , ,   | •   |   |   |   |
| No. Go to Par  | t 2.  |   |   |   |   |
| ☐ Yes. Where is  | s the property?                                       |   |   |   |   |
| Port 2. Posseribe  | Your Vehicles   |   |   |   |   |
| Part 2: Describe   | Tour vernicles  |   |   |   |   |
|  | •   | ie, also report it on <i>Schedule</i>                       | G: Executory Contracts and Ur   | nexpirea Leases.                        |   |
|  |   |   |   | Do not doduct accured a                 | Jaima ar ayamatiana Dut   |
| - wante.   | BMW   | Who has an interest   | in the property? Check one  |   | elaims or exemptions. Put ed claims on Schedule D:                        |
| Model:   | 328 XI  | Debtor 1 only   |   | Creditors Who Have Cla                  | ims Secured by Property.  |
| _  | 2014  | Debtor 2 only   |   | Current value of the                    | Current value of the  |
| Approximat   |   | Debtor 1 and Deb  | ,   | entire property?                        | portion you own?  |
| Vehicle  | nation:   | At least one of the   | debtors and another   |   |   |
| venicie  |   | Check if this is c  | ommunity property   | \$15,086.00                             | \$15,086.00   |
| Examples: Boa  No  Yes  Add the dolla pages you ha  Part 3: Describe | ar value of the portion yave attached for Part 2.     | onal watercraft, fishing vesse you own for all of your entr | vehicles, other vehicles, and ls, snowmobiles, motorcycle ac ies from Part 2, including any collowing items?    | r entries for                           | \$15,086.00  Current value of the portion you own?  Do not deduct secured |
|  |   |   |   |   | claims or exemptions.   |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Entered 08/09/18 06:49:09 Document Page 12 of 51 Debtor 1 Case number (if known) Augusto C DeOliveira Yes. Describe..... \$500.00 All household goods and furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 TV, DVD, phone and all other electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing owned by debtors \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$200.00 Ring 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,500.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

Desc Main

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Case 18-41479 Doc 1 Filed 08/09/18 Entered 08/09/18 06:49:09 Desc Main Page 13 of 51 Document Debtor 1 Case number (if known) Augusto C DeOliveira claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash in debtor's \$50.00 possession 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Bank Name: Bank of America** \$600.00 Checking Security Deposit Held with Landlord Hayley \$1,400.00 **Patel Federal** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

☐ Yes.....

No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

Issuer name and description.

| De  | ebtor 1       | Augusto C DeOliveira   | Document                 | Page 14 of           | f 51  Case number (if known)         |  |
|-----|---------------|--|--------------------------|----------------------|--------------------------------------|--|
|     |               |  | (4 4 4                   |                      | ` _                                  |  |
| 25. | Trusts, ■ No  | equitable or future interests in property  | (other than anythin      | g listed in line 1   | l), and rights or powers exercis     | sable for your benefit                 |
|     | _             | Give specific information about them   |                          |                      |                                      |  |
| 26. | Patents       | s, copyrights, trademarks, trade secrets,  | . and other intellectu   | ial property         |                                      |  |
| _0. |               | les: Internet domain names, websites, prod   |                          |                      | eements                              |  |
|     | ■ No          |  |                          |                      |                                      |  |
|     | ⊔ Yes.        | Give specific information about them   |                          |                      |                                      |  |
| 27. |               | es, franchises, and other general intang   |                          | a haldings liquar    | r licenses, professional licenses    |  |
|     | ■ No          | ves. Dulluling permits, exclusive licenses, of   | ooperative association   | r riolalings, liquol | ilicerises, professional licerises   |  |
|     | _             | Give specific information about them   |                          |                      |                                      |  |
| Мс  | oney or p     | property owed to you?  |                          |                      |                                      | Current value of the                   |
|     |               |  |                          |                      |                                      | portion you own? Do not deduct secured |
|     |               |  |                          |                      |                                      | claims or exemptions.                  |
| 28. | Tax ref       | unds owed to you   |                          |                      |                                      |  |
|     | ■ No          | •  |                          |                      |                                      |  |
|     | ☐ Yes.        | Give specific information about them, include  | ding whether you alrea   | ady filed the retu   | rns and the tax years                |  |
|     |               |  |                          |                      |                                      |  |
| 29. | •             | support  |                          |                      |                                      |  |
|     | _ `           | les: Past due or lump sum alimony, spousa  | al support, child suppo  | ort, maintenance,    | , divorce settlement, property set   | tlement                                |
|     | ■ No<br>□ Yes | Give specific information  |                          |                      |                                      |  |
|     | <b>—</b> 100. | oive specific information  |                          |                      |                                      |  |
| 30. | Other a       | mounts someone owes you  |                          |                      |                                      |  |
|     |               | les: Unpaid wages, disability insurance pay  |                          | efits, sick pay, va  | acation pay, workers' compensat      | ion, Social Security                   |
|     | ■ No          | benefits; unpaid loans you made to so  | ineone eise              |                      |                                      |  |
|     |               | Give specific information  |                          |                      |                                      |  |
| 31  | Interes       | ts in insurance policies   |                          |                      |                                      |  |
| 51. |               | les: Health, disability, or life insurance; hea  | alth savings account (I  | HSA); credit, hon    | neowner's, or renter's insurance     |  |
|     | ■ No          |  |                          |                      |                                      |  |
|     | ☐ Yes.        | Name the insurance company of each polic<br>Company name:  | cy and list its value.   | Ren                  | neficiary:                           | Surrender or refund                    |
|     |               | company name.  |                          | 26                   | ionolal y i                          | value:                                 |
| 32. | Any int       | erest in property that is due you from so  | omeone who has die       | ed                   |                                      |  |
|     | •             | are the beneficiary of a living trust, expect p<br>ne has died.  | proceeds from a life in: | surance policy, o    | or are currently entitled to receive | property because                       |
|     | ■ No          | ne nas died.   |                          |                      |                                      |  |
|     | _             | Give specific information  |                          |                      |                                      |  |
|     |               |  |                          |                      |                                      |  |
| 33. |               | against third parties, whether or not you les: Accidents, employment disputes, insul   |                          |                      | nand for payment                     |  |
|     | ■ No          | res. Accidents, employment disputes, insui   | rance ciaims, or rights  | s to sue             |                                      |  |
|     | _             | Describe each claim  |                          |                      |                                      |  |
| 34  | Other         | ontingent and unliquidated claims of ev  | very nature including    | n counterclaims      | s of the debtor and rights to se     | t off claims                           |
|     | ■ No          | on the distribution of the state of the stat | o. , mataro, moradin     | y Journal Claims     | o o ano dobtor and rights to se      | . o olamio                             |
|     |               | Describe each claim  |                          |                      |                                      |  |
| 35  | Anv fin       | ancial assets you did not already list   |                          |                      |                                      |  |
|     | ■ No          | and an action you are not already list   |                          |                      |                                      |  |

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Official Form 106A/B Schedule A/B: Property page 4

 $\square$  Yes. Give specific information..

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| Debt         | or 1        | Augusto C DeOliveira  |                            | Case number (if known)       |             |
|--------------|-------------|---|----------------------------|------------------------------|-------------|
| 36.          |             | the dollar value of all of your entries from Part 4, including art 4. Write that number here  |                            |                              | \$2,050.00  |
| Part :       | 5: De       | scribe Any Business-Related Property You Own or Have an Intere  | est In. List any real esta | ate in Part 1.               |             |
|              | •           | own or have any legal or equitable interest in any business-relate  | d property?                |                              |             |
|              | No. Go      | to Part 6.  |                            |                              |             |
|              | Yes. G      | Go to line 38.  |                            |                              |             |
| Part (       |             | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.             | Own or Have an Interes     | st In.                       |             |
| 46. <b>D</b> | o you       | ı own or have any legal or equitable interest in any farm-  | or commercial fishir       | ng-related property?         |             |
| ı            | No.         | Go to Part 7.   |                            |                              |             |
| ı            | ☐ Yes       | Go to line 47.  |                            |                              |             |
|              |             |   |                            |                              |             |
| Part 1       | 7:          | Describe All Property You Own or Have an Interest in That You   | Did Not List Above         |                              |             |
|              | Examp<br>No | have other property of any kind you did not already list?  oles: Season tickets, country club membership  Give specific information |                            |                              |             |
|              |             | the dollar value of all of your entries from Part 7. Write tha  | t number here              |                              | \$0.00      |
| Part         |             | List the Totals of Each Part of this Form  1: Total real estate, line 2   |                            |                              |             |
|              |             | 2: Total vehicles, line 5   |                            |                              | \$0.00      |
|              |             | 3: Total vericles, line 3   | \$15,086.00<br>\$1,500.00  |                              |             |
|              |             | 4: Total financial assets, line 36  | \$2,050.00                 |                              |             |
|              |             | 5: Total business-related property, line 45   | \$0.00                     |                              |             |
|              |             | 6: Total farm- and fishing-related property, line 52  | \$0.00                     |                              |             |
|              |             | 7: Total other property not listed, line 54 +   | \$0.00                     |                              |             |
|              |             | personal property. Add lines 56 through 61  | \$18,636.00                | Copy personal property total | \$18,636.00 |
| 63.          | Total       | of all property on Schedule A/B. Add line 55 + line 62  |                            |                              | \$18,636.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| Fill in this information to identify your case: |            |                    |           |  |                                      |  |
|---|------------|--------------------|-----------|--|--------------------------------------|--|
| Debtor 1 Augusto C DeOliveira                   |            |                    |           |  |                                      |  |
|   | First Name | Middle Name        | Last Name |  |                                      |  |
| Debtor 2  |            |                    |           |  |                                      |  |
| (Spouse if, filing)                             | First Name | Middle Name        | Last Name |  |                                      |  |
| United States Bankruptcy Court for the:         |            | DISTRICT OF MASSAC | HUSETTS   |  |                                      |  |
| Case number<br>(if known)                       |            |                    |           |  | ☐ Check if this is an amended filing |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |  |                                      |      |   |                                    |  |  |  |
|--|--|--------------------------------------|------|---|------------------------------------|--|--|--|
| ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                         |  |                                      |      |   |                                    |  |  |  |
| 2.   | For any property you list on Schedule A/E  | that you claim as exe                | mpt, | fill in the information below.                                  |                                    |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che  | eck only one box for each exemption.                            |                                    |  |  |  |
|  | Vehicle at debtors' residence Line from Schedule A/B: 3.1                              | \$15,086.00                          |      | \$3,775.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |
|  | Line IIIIII Schedule Arb. 3.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | All household goods and furniture Line from Schedule A/B: 6.1                          | \$500.00                             |      | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Line Ironi Schedule Arb. 0.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | TV, DVD, phone and all other electronics   | \$500.00                             |      | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Line from Schedule A/B: 7.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Clothing owned by debtors Line from Schedule A/B: 11.1                                 | \$300.00                             |      | \$300.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Line IIIIII Schedule Arb. 11.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Ring Line from Schedule A/B: 12.1  | \$200.00                             |      | \$200.00  | 11 U.S.C. § 522(d)(4)              |  |  |  |
|  | Line from Scriedule AVD. 12.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

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| De | btor 1 Augusto C DeOliveira  |                                      | Case number (if known) |   |                                    |  |  |  |
|----|--|--------------------------------------|------------------------|---|------------------------------------|--|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |                        | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che                    | ck only one box for each exemption.                             |                                    |  |  |  |
|    | Cash in debtor's possession Line from Schedule A/B: 16.1                               | \$50.00                              |                        | \$50.00   | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Line nom <i>Schedule PAB</i> . 10.1  |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Checking: Bank Name: Bank of America   | \$600.00                             |                        | \$600.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Line from Schedule A/B: 17.1   |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Federal: Security Deposit Held with Landlord Hayley Patel                              | \$1,400.00                           |                        | \$1,400.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Line from Schedule A/B: 17.2   |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every     |                                      |                        | ed on or after the date of adjustme                             | nt.)                               |  |  |  |
|    | ■ No   |                                      |                        |   |                                    |  |  |  |
|    | ☐ Yes. Did you acquire the property cover  | ed by the exemption wi               | thin 1                 | 215 days before you filed this case                             | ?                                  |  |  |  |
|    | □ No   |                                      |                        |   |                                    |  |  |  |
|    | ☐ Yes  |                                      |                        |   |                                    |  |  |  |

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|                                    |                       | Document  | Page 18          | of 51  |  |                    |
|------------------------------------|-----------------------|---|------------------|--|--|--------------------|
| Fill in this informati             | on to identify you    | ur case:  |                  |  |  |                    |
| Debtor 1                           | Augusto C DeO         | Dliveira  |                  |  |  |                    |
|                                    | First Name            | Middle Name   | Last Name        |  |  |                    |
| Debtor 2<br>(Spouse if, filing)    | First Name            | Middle Name   | Last Name        |  |  |                    |
| United States Bankru               | uptcy Court for the   | : DISTRICT OF MASSACHUSE  | TTS              |  |  |                    |
| Case number                        |                       |   |                  |  |  |                    |
| (if known)                         |                       |   |                  |  | ☐ Check                                      | if this is an      |
|                                    |                       |   |                  |  | ameno  | ded filing         |
| Official Form 1                    | 06D                   |   |                  |  |  |                    |
|                                    |                       | Who Have Claims   | Secured          | l by Propert   | v  | 12/15              |
|                                    |                       |   |                  |  | -  |                    |
|                                    |                       | If two married people are filing togetl<br>out, number the entries, and attach it   |                  |  |  |                    |
| number (if known).                 |                       |   |                  |  |  |                    |
| 1. Do any creditors hav            |                       |   | r ook oduloo. Vo | u baya nathina alaa t                                  | a rapart on this form                        |                    |
|                                    |                       | this form to the court with your othe   | i scriedules. Yo | ou have nothing else t                                 | o report on this form.                       |                    |
|                                    | of the information    | Delow.  |                  |  |  |                    |
| -                                  | ecured Claims         |   |                  | Column A   | Column B                                     | Column C           |
| for each claim. If more            | than one creditor has | more than one secured claim, list the cress a particular claim, list the other creditorical order according to the creditor's nan | rs in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion  |
| 2.1 Bmw Financ                     | ial Services          | Describe the property that secures  | the claim:       | \$31,118.00  | \$15,086.00                                  | If any \$16,032.00 |
| Creditor's Name                    |                       | Vehicle at debtors' residence   | ce               |  |  |                    |
| Attn: Bankru                       | ptcy                  |   |                  |  |  |                    |
| Department<br>Po Box 3608          |                       | As of the date you file, the claim is: apply.   | Check all that   |  |  |                    |
| Dublin, OH 4                       | 3016                  | Contingent  |                  |  |  |                    |
| Number, Street, City               | , State & Zip Code    | ☐ Unliquidated  |                  |  |  |                    |
|                                    |                       | Disputed  |                  |  |  |                    |
| Who owes the debt?                 | Check one.            | Nature of lien. Check all that apply.   |                  |  |  |                    |
| Debtor 1 only                      |                       | An agreement you made (such as car loan)  | mortgage or seco | ured   |  |                    |
| Debtor 2 only                      |                       | ,<br>_  |                  |  |  |                    |
| Debtor 1 and Debtor                |                       | ☐ Statutory lien (such as tax lien, me  | echanic's lien)  |  |  |                    |
| At least one of the d              |                       | Judgment lien from a lawsuit  |                  |  |  |                    |
| Check if this claim community debt | relates to a          | ☐ Other (including a right to offset)   |                  |  |  |                    |
|                                    | Opened                |   |                  |  |  |                    |
|                                    | 05/17 Last            |   |                  |  |  |                    |
| Data dahta as ta                   | Active                | Land Author Control   | nber 4964        |  |  |                    |
| Date debt was incurre              | d 6/04/18             | Last 4 digits of account num  | nper 4304        |  |  |                    |
|                                    |                       |   |                  |  |  |                    |
| A dal the shellow control          | of wave autrica in C  | Saluman A on this many Write that num   |                  | ¢24.44   | 0.00   |                    |

If this is the last page of your form, add the dollar value totals from all pages.

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$31,118.00

Write that number here:

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|                              |  |  | Do   | <u>cument</u> Pag                                 | <u>e 19</u> | 9 01 51   | _              |                                |
|------------------------------|--|--|--|---|-------------|---|----------------|--------------------------------|
| Fill                         | in this inforn                               | nation to identify your  | case:  |   |             |   |                |                                |
| Deb                          | otor 1                                       | Augusto C DeOliv   | voira  |   |             |   |                |                                |
| Doc                          | 7.01   | First Name   | Middle Name  | Last Na   | ame         |   |                |                                |
| Deb                          | otor 2                                       |  |  |   |             |   |                |                                |
| (Spo                         | use if, filing)                              | First Name   | Middle Name  | Last Na   | ame         |   |                |                                |
| Uni                          | ted States Ba                                | nkruptcy Court for the:  | DISTRICT OF I  | MASSACHUSETTS                                     |             |   |                |                                |
|                              |  |  |  |   |             |   |                |                                |
|                              | se number _                                  |  |  |   |             |   | _              | <b>.</b>                       |
| (if kn                       | own)   |  |  |   |             |   |                | Check if this is an            |
|                              |  |  |  |   |             |   |                | amended filing                 |
| Off                          | icial Forn                                   | n 106F/F   |  |   |             |   |                |                                |
|                              |  | :/F: Creditors W   | /ho Have II  | nsecured Clair                                    | ne          |   |                | 12/15                          |
|                              |  |  |  |   |             | Part 2 for araditors with NO  | IDDIODITY a    | laims. List the other party to |
| Sche<br>left.<br>name<br>Par | dule D: Credite Attach the Cone and case nur | ors Who Have Claims Sec<br>trinuation Page to this pag<br>nber (if known).<br>II of Your PRIORITY Ur<br>ors have priority unsecure | eured by Property. I<br>ge. If you have no in<br>nsecured Claims | f more space is needed, nformation to report in a | copy 1      | any creditors with partially<br>the Part you need, fill it out,<br>do not file that Part. On the        | number the     | entries in the boxes on the    |
|                              |  | all Z.   |  |   |             |   |                |                                |
|                              | ☐ Yes.                                       |  |  | _   |             |   |                |                                |
| Par                          | t 2: List A                                  | II of Your NONPRIORIT  | TY Unsecured Cla   | aims  |             |   |                |                                |
| 3.                           | Do any credito                               | ors have nonpriority unsec   | cured claims again   | st you?   |             |   |                |                                |
|                              | ☐ No. You hav                                | ve nothing to report in this p   | art. Submit this form  | to the court with your other                      | er sche     | edules.   |                |                                |
|                              | Yes.   |  |  |   |             |   |                |                                |
|                              | unsecured clair                              | m, list the creditor separatel   | y for each claim. For  | r each claim listed, identify                     | what t      | b holds each claim. If a credi<br>type of claim it is. Do not list claim three nonpriority unsecured to | aims already   | included in Part 1. If more    |
|                              |  |  |  |   |             |   |                | Total claim                    |
| 4.1                          | Amex   |  | l a  | st 4 digits of account nur                        | nher        | 7103  |                | \$5,240.00                     |
|                              |  | y Creditor's Name  |  | or . a.g o. account                               |             | 7100  |                | Ψο,Σ-τοιοο                     |
|                              |  | ondence/Bankrupto  | <b>с</b> у   |   |             | Opened 01/17 Last   | Active         |                                |
|                              | Po Box                                       |  | Wh   | nen was the debt incurred                         | d?          | 7/13/18   |                |                                |
|                              |  | o, TX 79998  |  | -f thd-t  |             | O   |                |                                |
|                              |  | treet City State Zlp Code<br>rred the debt? Check one.   |  | of the date you file, the o                       | ciaim i     | is: Check all that apply  |                |                                |
|                              | _  |  |  |   |             |   |                |                                |
|                              | ■ Debtor                                     | •  |  | Contingent  |             |   |                |                                |
|                              | ☐ Debtor                                     | -  |  | Unliquidated                                      |             |   |                |                                |
|                              | ☐ Debtor                                     | 1 and Debtor 2 only  |  | Disputed  |             |   |                |                                |
|                              | ☐ At leas                                    | t one of the debtors and an  | otrici   | pe of NONPRIORITY unse                            | ecure       | d claim:  |                |                                |
|                              | ☐ Check                                      | if this claim is for a com   | munity $\square$   | Student loans                                     |             |   |                |                                |
|                              | debt   |  |  |   | a sepa      | ration agreement or divorce t   | hat you did no | ot                             |
|                              | _  | m subject to offset?   |  | oort as priority claims                           |             |   |                |                                |
|                              | ■ No   |  |  |   |             | g plans, and other similar deb  | ots            |                                |
|                              | ☐ Yes  |  |  | Other. Specify Credit                             | Card        | <u> </u>  |                |                                |
|                              |  |  |  |   |             |   |                |                                |

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|     | Augusto C Deoliveira  |  |  |          |
|-----|---|--|--|----------|
| 4.2 | Amex  | Last 4 digits of account number                              | 1483   | \$978.00 |
|     | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 | When was the debt incurred?                                  | Opened 09/16 Last Active 6/18/18             |          |
|     | Number Street City State Zlp Code   | As of the date you file, the claim                           | s: Check all that apply                      |          |
|     | Who incurred the debt? Check one.   |  |  |          |
|     | Debtor 1 only   | ☐ Contingent   |  |          |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|     | $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|     | ☐ Check if this claim is for a community debt   |  | ration agreement or divorce that you did not |          |
|     | Is the claim subject to offset?   | report as priority claims                                    |  |          |
|     | No  | Debts to pension or profit-sharing                           |  |          |
|     | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |          |
| 4.3 | Amex Nonpriority Creditor's Name  | Last 4 digits of account number                              | 9813   | \$776.00 |
|     | Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998                             | When was the debt incurred?                                  | Opened 04/17 Last Active 7/12/18             |          |
|     | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                     |          |
|     | Who incurred the debt? Check one.   |  |  |          |
|     | ■ Debtor 1 only   | ☐ Contingent   |  |          |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|     | $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|     | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa          | ration agreement or divorce that you did not |          |
|     | Is the claim subject to offset?   | report as priority claims                                    |  |          |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|     | Yes   | Other. Specify Credit Card                                   |  |          |
| 4.4 | Bank of America Nonpriority Creditor's Name   | Last 4 digits of account number                              | 4154   | \$975.00 |
|     | 4909 Savarese Circle<br>FI1-908-01-50   | When was the debt incurred?                                  | Opened 05/17 Last Active 6/20/18             |          |
|     | Tampa, FL 33634  Number Street City State Zlp Code                                    | As of the date you file, the claim                           | s: Check all that apply                      |          |
|     | Who incurred the debt? Check one.   | ,,,,,,   | Chook an mat apply                           |          |
|     | Debtor 1 only   | ☐ Contingent   |  |          |
|     | Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |
|     | debt  | Obligations arising out of a sepa                            |  |          |
|     | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar dobts             |          |
|     |   |  |  |          |
|     | ☐ Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |          |

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| DCDIO | Augusto C Deoliveira  |  | Case Harriser (II know)                      |             |
|-------|---|--|--|-------------|
| 4.5   | Barclays Bank Delaware  | Last 4 digits of account number                                    | 7024   | \$1,468.00  |
|       | Nonpriority Creditor's Name Attn: Correspondence Po Box 8801 Wilmington, DE 19899 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim in | Opened 06/17 Last Active 2/25/18             |             |
|       | Who incurred the debt? Check one.   | •  | ,  |             |
|       | Debtor 1 only   | ☐ Contingent   |  |             |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      | d claim:                                     |             |
|       | $\square$ Check if this claim is for a community debt   |  | ration agreement or divorce that you did not |             |
|       | Is the claim subject to offset?   | report as priority claims  |  |             |
|       | No  | Debts to pension or profit-sharing                                 |  |             |
|       | Yes   | Other. Specify Credit Card   | <u> </u>                                     |             |
| 4.6   | Bmw Financial Services Nonpriority Creditor's Name  | Last 4 digits of account number                                    | 4970   | \$31,222.00 |
|       | Attn: Bankruptcy Department Po Box 3608   | When was the debt incurred?  | Opened 05/17 Last Active 6/28/18             |             |
|       | Dublin, OH 43016  Number Street City State Zlp Code   | As of the date you file, the claim i                               |  |             |
|       | Who incurred the debt? Check one.   |  | C. C     |             |
|       | Debtor 1 only   | ☐ Contingent   |  |             |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      | d claim:                                     |             |
|       | $\square$ Check if this claim is for a community  | Student loans  |  |             |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims     | ration agreement or divorce that you did not |             |
|       | ■ No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts             |             |
|       | Yes   | Other. Specify Co-signor   | ex wifes car                                 |             |
| 4.7   | Capital One   | Last 4 digits of account number                                    | 7162   | \$1,761.00  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130                                  | When was the debt incurred?  | Opened 05/17 Last Active 6/22/18             |             |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                               | s: Check all that apply                      |             |
|       | Who incurred the debt? Check one.   |  |  |             |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |             |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      |  |             |
|       | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa                | ration agreement or divorce that you did not |             |
|       | Is the claim subject to offset?   | report as priority claims  | •  |             |
|       | No  | Debts to pension or profit-sharing                                 | 5 i  |             |
|       | Yes   | Other. Specify Credit Card   |  |             |

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| Debtor | 1 Augusto C DeOliveira   |  | Case number (if know)                        |            |
|--------|--|--|--|------------|
| 4.8    | Capital One  | Last 4 digits of account number                              | 7804   | \$482.00   |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130         | When was the debt incurred?                                  | Opened 06/11 Last Active 7/12/17             |            |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                           | s: Check all that apply                      |            |
|        | Debtor 1 only  | ☐ Contingent   |  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|        | ☐ Check if this claim is for a community debt  |  | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?  | report as priority claims                                    |  |            |
|        | ■ No   | Debts to pension or profit-sharin                            |  |            |
|        | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |            |
| 4.9    | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number                              | 7508   | \$242.00   |
|        | Attn: Bankruptcy<br>Po Box 30285   | When was the debt incurred?                                  | Opened 08/17 Last Active 7/11/18             |            |
|        | Salt Lake City, UT 84130  Number Street City State Zlp Code                                | s: Check all that apply                                      |  |            |
|        | Who incurred the debt? Check one.  | , ,  |  |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|        | Debtor 2 only  | ☐ Unliquidated   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims |  |            |
|        | ■ No   | Debts to pension or profit-sharing                           |  |            |
|        | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |            |
| 4.1    | Chase Card Services  | Last 4 digits of account number                              | 5425   | \$5,633.00 |
|        | Nonpriority Creditor's Name Correspondence Dept Po Box 15298                               | When was the debt incurred?                                  | Opened 04/17 Last Active 3/01/18             |            |
|        | Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|        | Debtor 2 only  |  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   |  |  |            |
|        | ☐ At least one of the debtors and another  |  |  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|        | ☐ Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |            |

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| Debic | Augusto C Deoliveira  |  | Case number (if know)                        |            |
|-------|---|--|--|------------|
| 4.1   | Citibank North America  | Last 4 digits of account number                                | 1299   | \$710.00   |
|       | Nonpriority Creditor's Name Citibank Corp/Centralized Bankruptcy Po Box 790034              | When was the debt incurred?                                    | Opened 01/18 Last Active 6/29/18             |            |
|       | St Louis, MO 63179  Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim                             | s: Check all that apply                      |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       | ☐ Check if this claim is for a community  | Student loans  |  |            |
|       | debt Is the claim subject to offset?  | report as priority claims                                      | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Credit Card                                     | <u> </u>                                     |            |
| 4.1   | Citibank/Sears  | Last 4 digits of account number                                | 3318   | \$5,178.00 |
|       | Nonpriority Creditor's Name Centralized Bankruptcy Po Box 790034 St Louis, MO 63179         | When was the debt incurred?                                    | Opened 01/17 Last Active 3/20/18             |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim                             | is: Check all that apply                     |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       | Check if this claim is for a community  | Student loans  |  |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Credit Card                                     | <u> </u>                                     |            |
| 4.1   | Citicards   | Last 4 digits of account number                                | 4070   | \$3,664.00 |
|       | Nonpriority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040          | When was the debt incurred?                                    | Opened 10/13 Last Active 2/24/18             |            |
|       | Saint Louis, MO 63179  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                             |  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       | $\square$ Check if this claim is for a community  | ☐ Student loans  |  |            |
|       | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not |            |
|       | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | ☐ Yes   |  |  |            |
|       | <b>—</b> 163  | Other. Specify Credit Card                                     | •  |            |

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| Debte    | or 1 Augusto C DeOliveira   |   | Case number (if know)                        |            |
|----------|---|---|--|------------|
| 4.1<br>4 | Citicards   | Last 4 digits of account number                                       | 7528   | \$2,349.00 |
|          | Nonpriority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179            | When was the debt incurred?   | Opened 05/13 Last Active 3/01/18             |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i                                  | is: Check all that apply                     |            |
|          | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Control of the debtors and another         | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans            | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? ———————————————————————————————————— | Obligations arising out of a separeport as priority claims            | ration agreement or divorce that you did not |            |
|          | ■ No<br>□ Yes   | ☐ Debts to pension or profit-sharing  ☐ Other. Specify  ☐ Credit Card |  |            |
| 4.1<br>5 | Comenity Capital/Zales  | Last 4 digits of account number                                       | 1714   | \$1,504.00 |
|          | Nonpriority Creditor's Name Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218                                  | When was the debt incurred?   | Opened 03/13 Last Active 1/23/18             |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim                                    | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt   |   | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?  No   | report as priority claims  Debts to pension or profit-sharin          | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Charge Acc   | count  |            |
| 4.1<br>6 | Credit One Bank Nonpriority Creditor's Name   | Last 4 digits of account number                                       | 8919   | \$8.00     |
|          | Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193   | When was the debt incurred?   | Opened 09/10 Last Active 6/22/18             |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i                                  |  |            |
|          | Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt   |   | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?   | report as priority claims   |  |            |
|          | No  | Debts to pension or profit-sharing                                    |  |            |
|          | Yes   | Other. Specify Credit Card  | 1  |            |

Official Form 106 E/F

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| Debt     | or 1 Augusto C DeOliveira  |   | Case number (if know)                         |             |
|----------|--|---|---|-------------|
| 4.1<br>7 | Digital Efcu   | Last 4 digits of account number                               | 0145  | \$9,990.00  |
|          | Nonpriority Creditor's Name  220 Donald Lynch Blvd.  Marlborough, MA 01752 | When was the debt incurred?                                   | Opened 03/14 Last Active 4/10/18              |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.        | As of the date you file, the claim                            | s: Check all that apply                       |             |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |             |
|          | Debtor 2 only  | ☐ Unliquidated  |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|          | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                   | ☐ Student loans   |   |             |
|          | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not  |             |
|          | ■ No   | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify Credit Card                                    | <u> </u>                                      |             |
| 4.1<br>8 | Digital Efcu   | Last 4 digits of account number                               | 0147  | \$9,063.00  |
|          | Nonpriority Creditor's Name  220 Donald Lynch Blvd.  Marlborough, MA 01752 | When was the debt incurred?                                   | Opened 01/17 Last Active 4/07/18              |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.        | As of the date you file, the claim                            | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent  |   |             |
|          | Debtor 2 only  | ☐ Unliquidated  |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|          | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                   | Student loans   |   |             |
|          | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not  |             |
|          | No   | Debts to pension or profit-sharing                            | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify Unsecured                                      |   |             |
| 4.1<br>9 | Discover Financial   | Last 4 digits of account number                               | 2803  | \$10,076.00 |
|          | Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054               | When was the debt incurred?                                   | Opened 10/14 Last Active 2/14/18              |             |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |   |   |             |
|          | Debtor 1 only  | ☐ Contingent  |   |             |
|          | Debtor 2 only  | ☐ Unliquidated  |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|          | $\square$ At least one of the debtors and another                          | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|          | ☐ Check if this claim is for a community debt                              |   | aration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?  | report as priority claims                                     | a plane, and other similar dabta              |             |
|          | ■ No   | ☐ Debts to pension or profit-sharin                           |   |             |
|          | Yes  | Other. Specify Credit Card                                    | <u> </u>                                      |             |

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| Debtor   | 1 Augusto C DeOliveira   |  | Case number (if know)                         |             |
|----------|--|--|---|-------------|
| 4.2<br>0 | Navient  | Last 4 digits of account number                              | 6071  | \$12,453.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9500 Wilken Boxes BA 19773               | When was the debt incurred?                                  | Opened 04/17 Last Active 6/11/18              |             |
|          | Wilkes-Barre, PA 18773  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | ☐ Check if this claim is for a community   | Student loans  |   |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify   |   |             |
|          |  | Educationa   | ıl  |             |
| 4.2<br>1 | Syncb/bose Nonpriority Creditor's Name   | Last 4 digits of account number                              | 7266  | \$1,529.00  |
|          | Attn: Bankruptcy Po Box 965060 Orlando, FL 32896   | When was the debt incurred?                                  | Opened 06/17 Last Active 2/25/18              |             |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |   |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | Check if this claim is for a community   | Student loans  |   |             |
|          | debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |             |
|          | No   | Debts to pension or profit-sharin                            |   |             |
|          | Yes  | Other. Specify Charge Acc                                    | count   |             |
| 4.2      | Syncb/nations Nonpriority Creditor's Name  | Last 4 digits of account number                              | 8637  | \$1,389.00  |
|          | Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896                                       | When was the debt incurred?                                  | Opened 01/18 Last Active 7/13/18              |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |             |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharin                            |   |             |
|          | □ vec  | ■ Other Occasion Charge Acc                                  | COUNT   |             |

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| Debio | Augusto C Deoliveira   |   | Case number (if know)                                   |            |  |  |  |
|-------|--|---|---|------------|--|--|--|
| 4.2   | Syncb/rotman   | Last 4 digits of account number   | 0774  | \$1,489.00 |  |  |  |
|       | Nonpriority Creditor's Name  | When was the debt incurred?   | Opened 08/17 Last Active 3/01/18                        |            |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply                                |            |  |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | ☐ Contingent ☐ Unliquidated ☐ Disputed  |   |            |  |  |  |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                              | Type of NONPRIORITY unsecured  ☐ Student loans  | d claim:  |            |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharir  |   |            |  |  |  |
|       | ☐ Yes  | Other. Specify Charge Acc   |   |            |  |  |  |
| 4.2   | Synchrony Bank/ JC Penneys   | Last 4 digits of account number   | 6809  | \$1,106.00 |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060  | When was the debt incurred?   | Opened 04/15 Last Active 4/14/15                        |            |  |  |  |
|       | Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim  | is: Check all that apply                                |            |  |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated  |   |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separations.                                 | d claim:  Iration agreement or divorce that you did not |            |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |   |            |  |  |  |
|       | ☐ Yes  | Other Specify Charge Acc  | count   |            |  |  |  |
| 4.2   | Synchrony Bank/Care Credit  Nonpriority Creditor's Name  | Last 4 digits of account number   | 6452  | \$6,618.00 |  |  |  |
|       | Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896  | When was the debt incurred?   | Opened 05/14 Last Active 1/21/16                        |            |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply                                |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  | Lateta  |            |  |  |  |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                              | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |   |            |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |   |            |  |  |  |
|       | No   | Debts to pension or profit-sharin   |   |            |  |  |  |
|       | ☐ Yes  | ■ Other. Specify Charge Acc   | count   |            |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Augusto C DeOliveira

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
| Total                 | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|                       |     |   |     | Total Claim      |
| Total                 | 6f. | Student loans   | 6f. | \$<br>12,453.00  |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>103,450.00 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>115,903.00 |

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| Fill in this infor  | rmation to identify your | case:              |           |                    |
|---------------------|--------------------------|--------------------|-----------|--------------------|
| Debtor 1            | Augusto C DeOli          | veira              |           |                    |
|                     | First Name               | Middle Name        | Last Name |                    |
| Debtor 2            |                          |                    |           |                    |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                    |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MASSAC | HUSETTS   |                    |
| Case number         |                          |                    |           |                    |
| (if known)          |                          |                    |           | ☐ Check if this is |
|                     |                          |                    |           | amended filing     |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---|-------------------|---|
| 2.1 |           |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   |   |
|     | City      |             | State   | ZIP Code          |   |
| 2.2 |           |             |   |                   | _                                       |
|     | Name      |             |   |                   |   |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          |   |
| 2.3 |           |             |   |                   |   |
|     | Name      |             |   |                   |   |
|     | Number    | Street      |   |                   |   |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.5 | · ·       |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
|     | Jity      |             | Olalo   | 211 0000          |   |

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|   |  | Docume   | iii raye so c  | л эт   |   |
|---|--|--|--|--|---|
| Fill in this i                                | nformation to identify your  | case:  |  |  |   |
| Debtor 1                                      | Augusto C DeOliv   | veira  |  |  |   |
|   | First Name   | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, filing                | ) First Name   | Middle Name  | Last Name  |  |   |
| United State                                  | es Bankruptcy Court for the:   | DISTRICT OF MASSAC   | CHUSETTS   |  |   |
| Case number                                   | er   |  |  |  |   |
| (if known)                                    |  |  |  |  | ☐ Check if this is an amended filing  |
| Ott: -: -1                                    | Farm 40011   |  |  |  | 1   |
|   | Form 106H<br>u <b>le H: Your Cod</b>   | obtors   |  |  | 40/45   |
| Scriedi                                       | ule n. Tour Cou  | enroi 2  |  |  | 12/15   |
| Arizona  ■ No. 0  □ Yes.  3. In Coluin line 2 | , California, Idaho, Louisiana, Go to line 3. Did your spouse, former spoumn 1, list all of your codebt 2 again as a codebtor only i | Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | e with you at the time?  spouse as a codebtoutor or cosigner. Make | ington, and Wisconsin.  r if your spouse is filir sure you have listed t | ty states and territories include<br>)<br>ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fill |
| out Col                                       | umn 2.   | ,  | ·  |  |   |
| _   | column 1: Your codebtor<br>ame, Number, Street, City, State and Zl   | P Code   |  | Check all schedul  | editor to whom you owe the debt es that apply:  |
| 3.1   |  |  |  | ☐ Schedule D, lir  | ne  |
| N   | ame  |  |  | ☐ Schedule E/F,  |   |
|   |  |  |  | ☐ Schedule G, lii  | ne  |
|   | umber Street<br>ity  | State  | ZIP Code   |  |   |
|   |  |  |  |  |   |
| 3.2   | ame  |  |  | Schedule D, lin  |   |
| IN.   | uno  |  |  | ☐ Schedule E/F,☐ Schedule G, lii   |   |
| N   | umber Street   |  |  | _  |   |
| С   | ity  | State  | ZIP Code   |  |   |

Schedule H: Your Codebtors

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| Fill        | in this information to ide                            | entify your ca              | ase:  |                                  |            |      | Ī           |                         |                                 |                                |          |
|-------------|---|-----------------------------|---|----------------------------------|------------|------|-------------|-------------------------|---------------------------------|--------------------------------|----------|
|             |   | ugusto C E                  |   |                                  |            |      |             |                         |                                 |                                |          |
|             | otor 2<br>ouse, if filing)                            |                             |   |                                  |            | _    |             |                         |                                 |                                |          |
| Uni         | ted States Bankruptcy (                               | Court for the               | DISTRICT OF MASS  | ACHUSETTS                        |            |      |             |                         |                                 |                                |          |
| (If kr      | se number<br>nown)                                    |                             |   | -                                |            |      |             |                         | ed filing<br>ent showin         | ng postpetition ollowing date: |          |
| 0           | fficial Form 10                                       | <u> </u>                    |   |                                  |            |      | Ī           | // MM / DD/ Y           | YYYY                            |                                |          |
| S           | chedule I: Yo   | our Inco                    | ome   |                                  |            |      |             |                         |                                 |                                | 12/15    |
| spo<br>atta | use. If you are separat                               | ted and you<br>this form. ( | are married and not filir<br>r spouse is not filing w<br>On the top of any additi | ith you, do not inclu            | ıde infor  | mati | on abou     | t your spo<br>umber (if | ouse. If me<br>known). <i>A</i> | ore space is                   | needed,  |
|             | If you have more than                                 | ono ioh                     |   | ■ Employed                       |            |      |             | ☐ Empl                  |                                 | mig opodoo                     |          |
|             | attach a separate paginformation about add            | je with                     | Employment status   | ☐ Not employed                   |            |      |             |                         | mployed                         |                                |          |
|             | employers.  |                             | Occupation  | Uber Driver                      |            |      |             |                         |                                 |                                |          |
|             | Include part-time, sea self-employed work.            | sonal, or                   | Employer's name   | Uber                             |            |      |             |                         |                                 |                                |          |
|             | Occupation may inclu or homemaker, if it ap           |                             | Employer's address  | Address. 555 M<br>San Francisco, |            |      |             |                         |                                 |                                |          |
|             |   |                             | How long employed t   | here? 1.5 Yea                    | ars        |      |             | _                       |                                 |                                |          |
| Par         | t 2: Give Details                                     | About Mon                   | thly Income   |                                  |            |      |             |                         |                                 |                                |          |
|             | mate monthly income<br>use unless you are sepa        |                             | ate you file this form. If  | you have nothing to r            | eport for  | any  | line, write | e \$0 in the            | space. Inc                      | clude your no                  | n-filing |
|             | u or your non-filing spore<br>e space, attach a separ |                             | ore than one employer, co<br>this form.   | ombine the information           | on for all | empl | oyers for   | that perso              | on on the li                    | ines below. If                 | you need |
|             |   |                             |   |                                  |            |      | For De      | btor 1                  |                                 | btor 2 or<br>ing spouse        |          |
| 2.          |   |                             | ry, and commissions (becalculate what the monthle                                 |                                  | 2.         | \$   | 1           | ,800.00                 | \$                              | N/A                            |          |
| 3.          | Estimate and list mo                                  | onthly overti               | ime pay.  |                                  | 3.         | +\$  |             | 0.00                    | +\$                             | N/A                            |          |
| 4.          | Calculate gross Inco                                  | ome. Add lin                | ne 2 + line 3.  |                                  | 4.         | \$   | 1,8         | 00.00                   | \$                              | N/A                            |          |

| Deb | tor 1  | Augusto C DeOliveira  | _   | Case   | e number (if known)  |                            |  |                       |
|-----|--|---|---|--|--|----------------------------|--|-----------------------|
|     | Cop  | by line 4 here  | 4.  | Fo<br>\$   | r Debtor 1   |                            | Debtor 2 or filing spouse              |                       |
| 5   |  |   |   | _  | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        | · · —                      |  | -                     |
| 5.  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Gas & Tolls specifically for Uber  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h | \$ \$ \$ \$ \$ \$ \$<br>   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>550.00 | \$<br>\$<br>\$<br>+ \$     | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>-<br>- |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.  | \$   | 550.00   | \$                         | N/A                                    | -                     |
| 7.  | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.  | \$   | 1,250.00   | \$                         | N/A                                    |                       |
| 8.  | 8b. 8c. 8d. 8e. 8f. 8g. 8h.                          | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:  Part-time work for Lyft | 8c.<br>8d.<br>8e.                                   | \$ -   \$ - | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00           | \$\$<br>\$<br>\$<br><br>\$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>-      |
| 9.  | Add  | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.  | \$_  | 153.67   | \$                         | N/A                                    | A                     |
| 10. |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$  |  | 1,403.67 + \$  |                            | <b>N/A</b> = \$                        | 1,403.67              |
| 11. | Inclu<br>othe<br>Do i                                | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:  | deper   |  | .,   | •                          | chedule J.<br>11. +\$                  | 0.00                  |
| 12. |  | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies   |   |  |  |                            | 12. <b>\$</b>                          |                       |
| 13. | Do y   | you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:   | ?   |  |  |                            | monthl                                 | y income              |

| Fill  | in this information to identify your case:  |   |   |  |  |  |  |  |
|-------|---|---|---|--|--|--|--|--|
| Deb   | otor 1 Augusto C DeOliveira   | Che   | eck if this is:   |  |  |  |  |  |
|       | otor 2 ouse, if filing)   |   | An amended filing<br>A supplement show<br>13 expenses as of t | ing postpetition chapter<br>he following date:     |  |  |  |  |
| Unit  | ted States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS  |   | MM / DD / YYYY  |  |  |  |  |  |
| Cas   | se number   |   |   |  |  |  |  |  |
| (If k | nown)   |   |   |  |  |  |  |  |
| O.    | fficial Form 106J   |   |   |  |  |  |  |  |
| S     | chedule J: Your Expenses  |   |   | 12/15  |  |  |  |  |
| Be    | as complete and accurate as possible. If two married people are fil ormation. If more space is needed, attach another sheet to this forn mber (if known). Answer every question.                      |   |   |  |  |  |  |  |
| Par   | Tt 1: Describe Your Household Is this a joint case?   |   |   |  |  |  |  |  |
| ١.    | No. Go to line 2.   |   |   |  |  |  |  |  |
|       | ☐ Yes. Does Debtor 2 live in a separate household?  |   |   |  |  |  |  |  |
|       | □ No  | Computer Household of Do                                      | h 0   |  |  |  |  |  |
|       | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for  | Separate Housenold of De                                      | Dtor 2.   |  |  |  |  |  |
| 2.    |   | Do you have dependents? ■ No                                  |   |  |  |  |  |  |
|       |   | Dependent's relationship to Debtor 1 or Debtor 2              | Dependent's age   | Does dependent live with you?                      |  |  |  |  |
|       | Do not state the  |   |   | □ No   |  |  |  |  |
|       | dependents names.   |   |   | ☐ Yes  |  |  |  |  |
|       |   |   |   | □ No<br>□ Yes                                      |  |  |  |  |
|       | _   |   |   | □ No   |  |  |  |  |
|       | _   |   |   | ☐ Yes  |  |  |  |  |
|       |   |   |   | □ No<br>□ Yes                                      |  |  |  |  |
| 3.    | Do your expenses include ■ No   |   |   | <b>L</b> 103                                       |  |  |  |  |
|       | expenses of people other than yourself and your dependents?   |   |   |  |  |  |  |  |
| Dos   | <u> </u>  |   |   |  |  |  |  |  |
| Est   | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you appenses as of a date after the bankruptcy is filed. If this is a supplemolicable date. | are using this form as a s<br>ental <i>Schedule J</i> , check | upplement in a Cha<br>the box at the top of                   | pter 13 case to report<br>the form and fill in the |  |  |  |  |
| the   | lude expenses paid for with non-cash government assistance if you value of such assistance and have included it on <i>Schedule I: Your</i> ficial Form 106I.)   | u know<br>Income  | Your expe   | nses   |  |  |  |  |
| 4.    | The rental or home ownership expenses for your residence. Inclu   |   |   | 750.00   |  |  |  |  |
|       | payments and any rent for the ground or lot.  | 4.  | \$  | 750.00   |  |  |  |  |
|       | If not included in line 4:  |   |   |  |  |  |  |  |
|       | 4a. Real estate taxes   | 4a.   | ·   | 0.00   |  |  |  |  |
|       | <ul><li>4b. Property, homeowner's, or renter's insurance</li><li>4c. Home maintenance, repair, and upkeep expenses</li></ul>  | 4b.<br>4c.  |   | 0.00   |  |  |  |  |
|       | 4d. Homeowner's association or condominium dues   | 4d.   | ·   | 0.00   |  |  |  |  |
| 5.    | Additional mortgage payments for your residence, such as home   | equity loans 5.   | \$  | 0.00   |  |  |  |  |

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| Debtor 1      | Augusto C DeOliveira   | Case number (if known)         |                                 |
|---------------|--|--------------------------------|---------------------------------|
| 6. Utiliti    | es:  |                                |                                 |
|               | Electricity, heat, natural gas   | 6a. \$                         | 250.00                          |
|               | Water, sewer, garbage collection   | 6b. \$                         | 0.00                            |
|               | Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$                         | 240.00                          |
|               | Other. Specify:  | 6d. \$                         | 0.00                            |
|               | and housekeeping supplies  | 7. \$                          | 334.00                          |
|               | care and children's education costs  | 8. \$                          | 50.00                           |
|               | ing, laundry, and dry cleaning   | 9. \$                          | 50.00                           |
|               | e  |                                |                                 |
|               | onal care products and services  | ·                              | 100.00                          |
|               | cal and dental expenses  | 11. \$                         | 50.00                           |
|               | portation. Include gas, maintenance, bus or train fare. t include car payments.  | 12. \$                         | 50.00                           |
|               | tainment, clubs, recreation, newspapers, magazines, and book   | ·                              | 75.00                           |
|               | table contributions and religious donations  | 13. \$                         | 0.00                            |
| . Insura      | <u> </u>   | 14. Ф                          | 0.00                            |
|               | ance.<br>t include insurance deducted from your pay or included in lines 4 or  | 20                             |                                 |
|               | Life insurance   | 15a. \$                        | 0.00                            |
|               | Health insurance   | 15b. \$                        |                                 |
|               | Vehicle insurance  | 15c. \$                        | 0.00                            |
|               |  | · ———                          | 133.00                          |
|               | Other insurance. Specify:  | 15d. \$                        | 0.00                            |
|               | 5. Do not include taxes deducted from your pay or included in lines  |                                | 00.00                           |
|               | fy: excise taxes   | 16. \$                         | 22.00                           |
| •             | y: sons activities   |                                | 20.00                           |
|               | Iment or lease payments:   | 47                             |                                 |
|               | Car payments for Vehicle 1   | 17a. \$                        | 565.37                          |
|               | Car payments for Vehicle 2   | 17b. \$                        | 0.00                            |
|               | Other. Specify:  | 17c. \$                        | 0.00                            |
| 17d.          | Other. Specify:  | 17d. \$                        | 0.00                            |
|               | payments of alimony, maintenance, and support that you did n   |                                | 0.00                            |
|               | cted from your pay on line 5, Schedule I, Your Income (Official  |                                | 0.00                            |
|               | payments you make to support others who do not live with yo  |                                | 0.00                            |
| Specif        |  | 19.                            |                                 |
|               | real property expenses not included in lines 4 or 5 of this form   |                                |                                 |
|               | Mortgages on other property  | 20a. \$                        | 0.00                            |
|               | Real estate taxes  | 20b. \$                        | 0.00                            |
|               | Property, homeowner's, or renter's insurance   | 20c. \$                        | 0.00                            |
| 20d.          | Maintenance, repair, and upkeep expenses   | 20d. \$                        | 0.00                            |
| 20e.          | Homeowner's association or condominium dues  | 20e. \$                        | 0.00                            |
| Other         | : Specify: Non Court ordered child support   | 21. +\$                        | 150.00                          |
| Sons          | Extra Curricular Activities (Karate)   | +\$                            | 22.00                           |
|               | Birthday and xmas  | <br>+\$                        | 10.00                           |
| -00110        | Difficulty and Amao  |                                | 10.00                           |
| Calcu         | late your monthly expenses   |                                |                                 |
| 22a. <i>P</i> | Add lines 4 through 21.  | \$                             | 2,871.37                        |
| 22b. C        | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Fo   | orm 106J-2 \$                  |                                 |
| 22c. A        | add line 22a and 22b. The result is your monthly expenses.   | \$ <del></del>                 | 2,871.37                        |
|               | 100 mile 220 mile 100 |                                | 2,07 1.07                       |
|               | late your monthly net income.  |                                |                                 |
| 23a.          | Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$                        | 1,403.67                        |
| 23b.          | Copy your monthly expenses from line 22c above.  | 23b\$                          | 2,871.37                        |
|               |  |                                | <u> </u>                        |
|               | Subtract your monthly expenses from your monthly income.   |                                | 4 467 70                        |
|               | The result is your monthly net income.   | 23c.  \$                       | -1,467.70                       |
| Do vo         | ou expect an increase or decrease in your expenses within the  | year after you file this form? |                                 |
|               | ample, do you expect to finish paying for your car loan within the year or do y  |                                | crease or decrease because of a |
|               | cation to the terms of your mortgage?  | year mongago paymont to int    |                                 |
| ■ No          |  |                                |                                 |
|               |  |                                |                                 |
| ☐ Ye          | s. Explain here:   |                                |                                 |

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| Fill in this infor              | mation to identify your                           | case:                    |                                |   |       |
|---------------------------------|---|--------------------------|--------------------------------|---|-------|
| Debtor 1                        | Augusto C DeOliv                                  | veira                    |                                |   |       |
|                                 | First Name  | Middle Name              | Last Name                      |   |       |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name              | Last Name                      |   |       |
| United States Ba                | ankruptcy Court for the:                          | DISTRICT OF MASSAC       | CHUSETTS                       |   |       |
| Case number                     |   |                          |                                |   |       |
| (if known)                      |   |                          |                                | ☐ Check if this is amended filing   |       |
| Official Forr                   | -   |                          |                                |   |       |
| Declarat                        | ion About a                                       | an Individual            | Debtor's Sch                   | edules  | 12/15 |
| Sign                            | n Below   |                          |                                |   |       |
| Did you pa                      | y or agree to pay some                            | one who is NOT an atto   | rney to help you fill out banl | kruptcy forms?  |       |
| ■ No                            |   |                          |                                |   |       |
| ☐ Yes. N                        | Name of person                                    |                          |                                | Attach Bankruptcy Petition Preparer's  Declaration, and Signature (Official F |       |
| •                               | alty of perjury, I declare<br>e true and correct. | that I have read the sum | mary and schedules filed w     | vith this declaration and   |       |
| X /s/ Auc                       | gusto C DeOliveira                                |                          | X                              |   |       |
| Augus                           | re of Debtor 1                                    |                          | Signature of Del               | btor 2  |       |
| Date                            | August 9, 2018                                    |                          | Date                           |   |       |

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|          |   | ation to identify you                      |  |   |  |   |  |  |
|----------|---|--|--|---|--|---|--|--|
| Debto    | or 1  | Augusto C DeOl                             | iveira  Middle Name  | Last Name   |  |   |  |  |
| Debto    |   |  |  |   |  |   |  |  |
| ``       | e if, filing)   | First Name                                 | Middle Name  | Last Name   |  |   |  |  |
| Unite    | d States Ban  | kruptcy Court for the:                     | DISTRICT OF MASSACH  | USETTS  |  |   |  |  |
| 1        | number  |  |  |   | _  |   |  |  |
| (if know | n)  |  |  |   | _  | Check if this is an amended filing                    |  |  |
|          |   |  |  |   |  | g   |  |  |
| Offi     | cial For  | m 107                                      |  |   |  |   |  |  |
|          |   |  | Affairs for Individ  | luals Filing for B                                    | ankruptcy                                  | 4/1   |  |  |
| inform   | er (if known)   | ore space is needed,<br>. Answer every que | ble. If two married people a<br>attach a separate sheet to t<br>stion.<br>rital Status and Where You | his form. On the top of an                            |  |   |  |  |
|          |   |  |  | Liveu Belole  |  |   |  |  |
| 1. V     | /hat is your  | current marital statu                      | s?   |   |  |   |  |  |
|          |   |  |  |   |  |   |  |  |
|          | Not marr  | ed   |  |   |  |   |  |  |
| 2. D     | During the last 3 years, have you lived anywhere other than where you live now? |  |  |   |  |   |  |  |
|          | ] No  |  |  |   |  |   |  |  |
|          | Yes. List   | all of the places you I                    | ved in the last 3 years. Do no   | t include where you live nov                          | <i>I</i> .                                 |   |  |  |
| I        | Debtor 1 Pri  | or Address:                                | Dates Debtor 1<br>lived there  | Debtor 2 Prior Ad                                     | ldress:                                    | Dates Debtor 2 lived there                            |  |  |
|          | 734 Graftoi<br>Norcester,   |  | From-To:<br>June '15 throu<br>February '18   | ☐ Same as Debtor gh                                   | 1  | ☐ Same as Debtor 1<br>From-To:                        |  |  |
|          | and territorie  No Yes. Mak   | s include Arizona, Ca                      | rer live with a spouse or legifornia, Idaho, Louisiana, Neverted H: Your Codebtors (Office Income    | ada, New Mexico, Puerto R                             |  |   |  |  |
|          |   |  |  |   |  |   |  |  |
| F        | ill in the total  | amount of income yo                        | nployment or from operating<br>u received from all jobs and a<br>have income that you receive        | Il businesses, including part                         | -time activities.                          | ndar years?   |  |  |
|          | ] No  |  |  |   |  |   |  |  |
|          | Yes. Fill i   | n the details.                             |  |   |  |   |  |  |
|          |   |  | Debtor 1   |   | Debtor 2                                   |   |  |  |
|          |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |
|          |   | of current year until<br>for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$11,500.00   | ☐ Wages, commissions, bonuses, tips        |   |  |  |
|          |   |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |  |  |

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| Debtor 1 Augusto C DeOliveira Cas |   |                         | e number (if known)                          |   |   |  |                        |             |
|-----------------------------------|---|-------------------------|--|---|---|--|------------------------|-------------|
|                                   |   |                         |  |   |   |  |                        |             |
|                                   |   |                         |  | Debtor 1  |   | Debtor 2                               |                        |             |
|                                   |   |                         |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of incor<br>Check all that app |                        | eductions   |
|                                   | r last caler<br>anuary 1 to   | dar year:<br>December   | 31, 2017 )                                   | ■ Wages, commissions, bonuses, tips   | \$11,231.00   | ☐ Wages, comm<br>bonuses, tips         | issions,               |             |
|                                   |   |                         |  | ☐ Operating a business  |   | Operating a bu                         | usiness                |             |
|                                   |   | dar year be<br>December |  | ■ Wages, commissions, bonuses, tips   | \$33,847.00   | ☐ Wages, comm<br>bonuses, tips         | issions,               |             |
|                                   |   |                         |  | ☐ Operating a business  |   | Operating a bu                         | ısiness                |             |
|                                   | and other public benefit payments; per winnings. If you are filing a joint case a List each source and the gross income  No Yes. Fill in the details. |                         |  | e and you have income that y  | ou received together, list it o   | nly once under Deb                     | tor 1.                 |             |
|                                   |   |                         |  | Debtor 1  |   | Debtor 2                               |                        |             |
|                                   |   |                         |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of incomposerible below.       |                        | eductions   |
| Pa                                | rt 3: Lis   | t Certain Pa            | yments You                                   | Made Before You Filed for   | Bankruptcy  |  |                        |             |
| <b>S</b> .                        | Are eithe ☐ No.   | Neither De              | ebtor 1 nor Dorimarily for a                 | s debts primarily consumer<br>bettor 2 has primarily consu-<br>personal, family, or househol<br>re you filed for bankruptcy, di   | imer debts. Consumer debts<br>d purpose."                                 |  | · , ,                  | ırred by an |
|                                   |   | □ Yes                   | List below e<br>paid that cre<br>not include | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the<br>on 4/01/19 and every 3 years | its for domestic support oblig<br>his bankruptcy case.                    | ations, such as child                  | d support and alimony. |             |
|                                   | ■ Yes.  |                         |  | r both have primarily consure you filed for bankruptcy, di  |   | of \$600 or more?                      |                        |             |
|                                   |   | ■ No.                   | Go to line 7                                 |   |   |  |                        |             |
|                                   |   | □ Yes                   | List below e                                 | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.   |   |  |                        |             |
|                                   | Creditor  | 's Name and             | d Address                                    | Dates of payme  | nt Total amount   | Amount you                             | Was this payment for   | ·           |

paid

still owe

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|     |  |   | L      | Jocument             | raye         | o Ui       |                  |            |                                |                      |
|-----|--|---|--------|----------------------|--------------|------------|------------------|------------|--------------------------------|----------------------|
| De  | btor 1   | Augusto C DeOliveira  |        |                      |              | _          | Case number (    | f known)   |                                |                      |
|     |  |   |        |                      |              |            |                  |            |                                |                      |
| 7.  | Withi  | n 1 vear before you filed for bankrupt  | cv. di | d vou make a pavr    | nent on a    | debt v     | ou owed anvor    | e who      | was an inside                  | r?                   |
| , . | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and |   |        |                      |              |            |                  |            |                                |                      |
|     | alimo  |   | 1 0.0  | .o. § 101. molade p  | aymonts ic   | n dom      | colic support ob | ilgations  | s, such as child               | support and          |
|     | _  | No<br>Yes. List all payments to an insider.   |        |                      |              |            |                  |            |                                |                      |
|     |  | der's Name and Address  | Dat    | tes of payment       | Total        | amou<br>pa |                  | you        | Reason for t                   | his payment          |
| _   |  |   |        |                      |              |            |                  |            |                                |                      |
| 8.  | inside   | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos   |        |                      | yments o     | r trans    | sfer any properi | y on ac    | count of a de                  | bt that benefited an |
|     | _  | , ,   | Ū      | ·                    |              |            |                  |            |                                |                      |
|     | _  | No  |        |                      |              |            |                  |            |                                |                      |
|     |  | Yes. List all payments to an insider  |        |                      |              |            |                  |            | _                              |                      |
|     | Insid  | der's Name and Address  | Dat    | tes of payment       | Total        | amou<br>pa |                  | you<br>owe | Reason for t<br>Include credit |                      |
| Do  | · 4 ·  | Identify I and Actions Department   |        | d Faraslasuras       |              | •          |                  |            |                                |                      |
| Fal | rt 4:  | Identify Legal Actions, Repossession  | ıs, ar | a Foreciosures       |              |            |                  |            |                                |                      |
| 9.  | List al  | n 1 year before you filed for bankrupte<br>Il such matters, including personal injury<br>ications, and contract disputes. |        |                      |              |            |                  |            |                                |                      |
|     | _  |   |        |                      |              |            |                  |            |                                |                      |
|     | _  | No<br>Yes. Fill in the details.   |        |                      |              |            |                  |            |                                |                      |
|     |  | e title<br>e number   | Nat    | ture of the case     | Court        | or age     | ency             |            | Status of the                  | case                 |
| 10. |  | n 1 year before you filed for bankrupt<br>k all that apply and fill in the details below                                  |        | as any of your prop  | perty repo   | ssess      | ed, foreclosed,  | garnis     | hed, attached,                 | seized, or levied?   |
|     |  | No. Go to line 11.<br>Yes. Fill in the information below.   |        |                      |              |            |                  |            |                                |                      |
|     |  | litor Name and Address  | Des    | scribe the Property  | 1            |            |                  | Date       |                                | Value of the         |
|     |  |   | Ex     | plain what happene   | ed           |            |                  |            |                                | property             |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?   |   |        |                      |              |            |                  |            |                                |                      |
|     |  | No<br>Yes. Fill in the details.   |        |                      |              |            |                  |            |                                |                      |
|     | Cred   | litor Name and Address  | Des    | scribe the action th | ne credito   | took       |                  | Date a     | action was                     | Amount               |
| 12. |  | n 1 year before you filed for bankrupt<br>-appointed receiver, a custodian, or a  |        |                      | perty in th  | e pos      | session of an a  | ssignee    | for the benef                  | it of creditors, a   |
|     | _  | No  |        |                      |              |            |                  |            |                                |                      |
|     |  | Yes   |        |                      |              |            |                  |            |                                |                      |
| Pa  | rt 5:  | List Certain Gifts and Contributions  |        |                      |              |            |                  |            |                                |                      |
| 13. | _  | n 2 years before you filed for bankrup  | tcy, c | lid you give any gif | fts with a t | otal v     | alue of more th  | an \$600   | per person?                    |                      |
|     |  | No  |        |                      |              |            |                  |            |                                |                      |
|     | Gifts  | Yes. Fill in the details for each gift.  s with a total value of more than \$600  |        | Describe the gift    | s            |            |                  |            | you gave                       | Value                |
|     | nor r  | nerson  |        |                      |              |            |                  | the air    | tte                            |                      |

Address:

Person to Whom You Gave the Gift and

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| 14. | Within 2 years before you filed for bankrup  | otcy, d          | id you give any gifts or contributior                                      | ns with a tota | I value of more than                     | \$600 to any charity?     |  |  |
|-----|--|------------------|--|----------------|--|---------------------------|--|--|
|     | ■ No □ Yes. Fill in the details for each gift or contribution.   |                  |  |                |  |                           |  |  |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  |                  | Describe what you contributed  |                | Dates you contributed                    | Value                     |  |  |
| Par | t 6: List Certain Losses   |                  |  |                |  |                           |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?                                 |                  |  |                |  |                           |  |  |
|     | ■ No □ Yes. Fill in the details.   |                  |  |                |  |                           |  |  |
|     | Describe the property you lost and how the loss occurred   | nclude           | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | ist pending    | Date of your loss                        | Value of property<br>lost |  |  |
| Par | t 7: List Certain Payments or Transfers  |                  |  |                |  |                           |  |  |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pr Include any attorneys, bankruptcy petition pre  | eparin           | g a bankruptcy petition?   |                |  | rty to anyone you         |  |  |
|     | □ No   |                  |  |                |  |                           |  |  |
|     | Yes. Fill in the details.  |                  |  |                |  |                           |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  |                  | Description and value of any property transferred                          |                | Date payment<br>or transfer was<br>made  | Amount of payment         |  |  |
|     | J. Morgan Hargrove Attorney at Law<br>19 Colburn Street<br>Waltham, MA 02453   |                  | Check Payment  |                | July 15, 2018                            | \$1,600.00                |  |  |
|     | Credit Counseling Service<br>378 Summit Ave<br>Jersey City, NJ 07306   |                  |  |                |  | \$14.95                   |  |  |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y   | tors or          | to make payments to your creditor  |                | r transfer any prope                     | rty to anyone who         |  |  |
|     | ■ No   |                  |  |                |  |                           |  |  |
|     | Yes. Fill in the details.  |                  |  |                |  |                           |  |  |
|     | Person Who Was Paid<br>Address   |                  | Description and value of any prop transferred                              | erty           | Date payment<br>or transfer was<br>made  | Amount of payment         |  |  |
|     | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No | <b>busin</b> e a | ess or financial affairs?<br>s security (such as the granting of a s       |                |  |                           |  |  |
|     | Yes. Fill in the details.  |                  |  |                |  |                           |  |  |
|     | Person Who Received Transfer Address  Person's relationship to your  |                  | Description and value of property transferred                              |                | any property or received or debts change | Date transfer was made    |  |  |

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| 19. | beneficiary? (These are often called asset-protection devices.)  No   |  |                   |                         |  |   |  |
|-----|---|--|-------------------|-------------------------|--|---|--|
|     | ☐ Yes. Fill in the details.   |  |                   |                         |  |   |  |
|     | Name of trust   | Description and v  | alue of the pro   | perty trans             | sferred  | Date Transfer was made                        |  |
| Pa  | rt 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposit   | Boxes, and S      | torage Unit             | s  |   |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or details to the savings, money market, or details to the savings.  | other financial accour   | nts; certificate  | s of deposi             |  | , ,   |  |
|     | houses, pension funds, cooperatives, associa  No  Yes. Fill in the details.   | mons, and other mar  | iciai institutioi | 15.                     |  |   |  |
|     | Name of Financial Institution and L   | ast 4 digits of account number   | Type of acco      | unt or                  | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?   | ar before you filed for  | bankruptcy, a     | ny safe de <sub>l</sub> | posit box or other deposi                            | tory for securities,                          |  |
|     | ■ No □ Yes. Fill in the details.  |  |                   |                         |  |   |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                   | Describe                | the contents   | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |                   |                         |  |   |  |
|     | ■ No □ Yes. Fill in the details.  |  |                   |                         |  |   |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                   | Describe                | the contents   | Do you still have it?                         |  |
| Pa  | rt 9: Identify Property You Hold or Control fo  | r Someone Else   |                   |                         |  |   |  |
| 23. | Do you hold or control any property that some for someone.  | eone else owns? Inclu  | ıde any prope     | rty you bor             | rowed from, are storing f                            | or, or hold in trust                          |  |
|     | ■ No □ Yes. Fill in the details.  |  |                   |                         |  |   |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                   | Describe                | the property   | Value   |  |
| Pa  | rt 10: Give Details About Environmental Inform  | mation   |                   |                         |  |   |  |
| For | the purpose of Part 10, the following definition  | s apply:   |                   |                         |  |   |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                   |                         |  |   |  |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  |  | environmental     | law, wheth              | er you now own, operate                              | , or utilize it or used                       |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or   |  | as a hazardous    | s waste, ha             | zardous substance, toxid                             | substance,                                    |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |
|-----|--|--|--|--------------------|--|--|--|
|     | No   |  |  |                    |  |  |  |
|     | Yes. Fill in the details.  |  |  |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?   |  |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any envi   | ronmental law? Include settlements a                               | nd orders.         |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |  |  |                    |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |  |  |  |
| Par | 11: Give Details About Your Business or Con  | nections to Any Business   |  |                    |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  | did you own a business or have an  | y of the following connections to any                              | business?          |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t  | rade, profession, or other activity,                                       | either full-time or part-time                                      |                    |  |  |  |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnershi                                      | p (LLP)  |                    |  |  |  |
|     | ☐ A partner in a partnership   |  |  |                    |  |  |  |
|     | ☐ An officer, director, or managing execut   | ive of a corporation   |  |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or   | equity securities of a corporation   |  |                    |  |  |  |
|     | No. None of the above applies. Go to Part  | 12.  |  |                    |  |  |  |
|     | ☐ Yes. Check all that apply above and fill in the  | he details below for each business   | •  |                    |  |  |  |
|     | Business Name Des  | scribe the nature of the business  | Employer Identification number<br>Do not include Social Security r |                    |  |  |  |
|     |  | me of accountant or bookkeeper   | Dates business existed   | difficer of Trine. |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, constitutions, creditors, or other parties.  | did you give a financial statement t                                       | o anyone about your business? Inclu                                | de all financial   |  |  |  |
|     | ■ No □ Yes. Fill in the details below.   |  |  |                    |  |  |  |
|     | Name Date Issued Address   |  |  |                    |  |  |  |
|     | (Number, Street, City, State and ZIP Code)   |  |  |                    |  |  |  |

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Debtor 1 Augusto C DeOliveira Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Augusto C DeOliveira Augusto C DeOliveira Signature of Debtor 2 Signature of Debtor 1 Date Date August 9, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

■ No

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| Fill in this inform                  | nation to identify your                          | case.                                       |  |  |   |
|--------------------------------------|--|---|--|--|---|
|                                      |  |   |  |  |   |
| Debtor 1                             | Augusto C DeOliv                                 | /eira Middle Name                           | Last Nar                                     | me   |   |
| Debtor 2                             |  |   |  |  |   |
| (Spouse if, filing)                  | First Name                                       | Middle Name                                 | Last Nar                                     | me   |   |
| United States Ban                    | kruptcy Court for the:                           | DISTRICT OF MA                              | SSACHUSETTS                                  |  |   |
| Case number                          |  |   |  |  |   |
| (if known)                           |  |   |  |  | ☐ Check if this is an   |
|                                      |  |   |  |  | amended filing  |
|                                      |  |   |  |  |   |
| Official For                         | m 108  |   |  |  |   |
| Statemen                             | t of Intentio                                    | n for Indiv                                 | iduals Filir                                 | ng Under Chapte  | r <b>7</b> 12/15  |
| <u> </u>                             |  | ······································      | Tadaio i iiii                                | ig official official   | 12/13   |
| If you are an indiv                  | vidual filing under cha                          | pter 7, you must fil                        | out this form if:                            |  |   |
| creditors have                       | claims secured by yo                             | ur property, or                             |  |  |   |
|                                      | ed personal property a                           |   |  |  |   |
|                                      | er is earlier, unless th                         |   |  | ptcy petition or by the date set<br>u must also send copies to the |   |
|                                      | ople are filing together                         | r in a joint case, bo                       | th are equally respo                         | nsible for supplying correct in                                    | formation. Both debtors must  |
| •                                    |  |   |  | on and a should a this fame. On t                                  | ha tan at ann a della mal mana                                      |
|                                      | nd accurate as possib<br>ur name and case nur    |   | needed, attach a se                          | eparate sheet to this form. On t                                   | he top of any additional pages,                                     |
|                                      |  |   |  |  |   |
| Part 1: List Yo                      | ur Creditors Who Hav                             | e Secured Claims                            |  |  |   |
| •                                    | -  | art 1 of Schedule D                         | : Creditors Who Hav                          | e Claims Secured by Property                                       | (Official Form 106D), fill in the                                   |
| information bel                      | ditor and the property t                         | hat is collateral                           | What do you inter secures a debt?            | nd to do with the property that                                    | Did you claim the property as exempt on Schedule C?                 |
|                                      |  |   |  |  |   |
| Creditor's Br                        | nw Financial Servic                              | es  | ☐ Surrender the p                            | ronerty  | □ No  |
| name:                                |  |   |  | erty and redeem it.  |   |
| Description of                       | Vahiala et dahtara                               | l reeldenee                                 |  | erty and enter into a  | Yes   |
| property                             | Vehicle at debtors                               | residence                                   | Reaffirmation A                              |  |   |
| securing debt:                       |  |   | Retain the proper                            | erty and [explain]:  ake monthly payments                          |   |
|                                      |  |   |  | and monthly paymonto   | -   |
|                                      | ur Unexpired Persona                             |   |  |  |   |
| For any unexpired in the information | d personal property le<br>below. Do not list rea | ase that you listed<br>Il estate leases. Un | in Schedule G: Exec<br>expired leases are le | cutory Contracts and Unexpired                                     | d Leases (Official Form 106G), fill lease period has not yet ended. |
|                                      |  |   |  | assume it. 11 U.S.C. § 365(p)(2                                    |   |
| Describe your ur                     | nexpired personal pro                            | perty leases                                |  |  | Will the lease be assumed?  |
| zeceniac yeur un                     | ionpirou perceniui pro                           | porty rouges                                |  |  |   |
| Lessor's name:                       |  |   |  |  | □ No  |
| Description of least<br>Property:    | seu  |   |  |  | ☐ Yes   |
|                                      |  |   |  |  | <b>—</b> 103  |
| Lessor's name:                       |  |   |  |  | □ No  |
| Description of least<br>Property:    | sed  |   |  |  | <b>—</b> V  |
| i roporty.                           |  |   |  |  | ☐ Yes   |
| Lessor's name:                       |  |   |  |  | □ No  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb  | tor 1              | Augusto C DeOliveira  | Case number (if known)  |                               |
|------|--------------------|---|---|-------------------------------|
|      |                    | of leased   |   | <b></b>                       |
| Prop | perty:             |   |   | ☐ Yes                         |
|      | sor's na           | ame:<br>a of leased   |   | □ No                          |
|      | perty:             | 10110000  |   | ☐ Yes                         |
|      | sor's na           | ame:<br>of leased   |   | □ No                          |
|      | perty:             | i oi ieaseu   |   | ☐ Yes                         |
|      | sor's na           | ame:<br>of leased   |   | □ No                          |
|      | perty:             | i oi ieaseu   |   | ☐ Yes                         |
|      | sor's na           |   |   | □ No                          |
|      | cription<br>perty: | of leased   |   | ☐ Yes                         |
| Part | 3: 8               | Sign Below  |   |                               |
|      |                    | alty of perjury, I declare that I have in<br>at is subject to an unexpired lease. | ndicated my intention about any property of my estate that se | cures a debt and any personal |
| Χ    | /s/ Au             | ugusto C DeOliveira   | X   |                               |
|      | Augu               | usto C DeOliveira<br>ture of Debtor 1   | Signature of Debtor 2   |                               |
|      | Date               | August 9, 2018  | Date  |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
| · | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-41479 Doc 1 Filed 08/09/18 Entered 08/09/18 06:49:09 Desc Main Document Page 49 of 51

### United States Bankruptcy Court District of Massachusetts

|  | District of Massachusetts |          |   |  |  |  |  |
|--|---------------------------|----------|---|--|--|--|--|
| In re Augusto C DeOliveira   |                           | Case No. |   |  |  |  |  |
|  | Debtor(s)                 | Chapter  | 7 |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX  |                           |          |   |  |  |  |  |
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. |                           |          |   |  |  |  |  |
| Date: August 9, 2018   | /s/ Augusto C DeOliveira  |          |   |  |  |  |  |
|  | Augusto C DeOliveira      |          |   |  |  |  |  |

Signature of Debtor

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bank of America 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Bmw Financial Services Attn: Bankruptcy Department Po Box 3608 Dublin, OH 43016

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank North America Citibank Corp/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank/Sears Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Comenity Capital/Zales
Attn: Bankrutptcy Dept
Po Box 18215
Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Digital Efcu 220 Donald Lynch Blvd. Marlborough, MA 01752

Discover Financial Po Box 3025 New Albany, OH 43054

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barre, PA 18773

Syncb/bose Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Syncb/nations Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Syncb/rotman

Synchrony Bank/ JC Penneys Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896